



# State of Idaho

Department of Administration

Division of Insurance and Internal Support

Office of Group Insurance

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## STATE OF IDAHO

### COBRA Monthly Premium Rates Effective 7/1/2009 through 6/30/2010

**BLUE CROSS MEDICAL COVERAGE\*** (You may only choose a continuation of the plan in effect on the date your active employee plan coverage ends)

	High Deductible Plan	PPO Plan	Traditional Plan
Subscriber	\$341.00	\$404.00	\$430.00
Subscriber and Spouse	\$683.00	\$808.00	\$860.00
Subscriber and Child	\$478.00	\$566.00	\$602.00
Subscriber and Children	\$683.00	\$808.00	\$860.00
Subscriber, Spouse and Child	\$819.00	\$970.00	\$1032.00
Subscriber, Spouse and Children	\$1024.00	\$1212.00	\$1290.00

### BLUE CROSS DENTAL COVERAGE\*

Subscriber	\$27.00
Subscriber and Spouse	\$55.00
Subscriber and Child	\$38.00
Subscriber and Children	\$55.00
Subscriber, Spouse and Child	\$65.00
Subscriber, Spouse and Children	\$82.00

The American Recovery and Reinvestment Act of 2009 (ARRA) reduces the COBRA premium in some cases. Individuals who qualify for the ARRA COBRA subsidy will pay 35% of the monthly premium during the allowable subsidy period, as reflected below:

**BLUE CROSS MEDICAL COVERAGE\*** (You may only choose a continuation of the plan in effect on the date your active employee plan coverage ends)

	High Deductible Plan	PPO Plan	Traditional Plan
Subscriber	\$119.35	\$141.40	\$150.50
Subscriber and Spouse	\$239.05	\$282.80	\$301.00
Subscriber and Child	\$167.30	\$198.10	\$210.70
Subscriber and Children	\$239.05	\$282.80	\$301.00
Subscriber, Spouse and Child	\$286.65	\$339.50	\$361.20
Subscriber, Spouse and Children	\$358.40	\$424.20	\$451.50

### BLUE CROSS DENTAL COVERAGE\*

Subscriber	\$9.45
Subscriber and Spouse	\$19.25
Subscriber and Child	\$13.30
Subscriber and Children	\$19.25
Subscriber, Spouse and Child	\$22.75
Subscriber, Spouse and Children	\$28.70

### PAYMENT OF PREMIUM

You will be billed by your insurance carrier for the monthly premiums.

\*Note: If you are eligible for an extension of coverage due to SSA disability you will be charged 150% of group rates during the extension and will be advised of such rates by your insurance carrier.